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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor : LATTNER et al.  
Appln. No. : 10/623,328  
Conf. No.: : 3272  
Filed: : July 18, 2003  
Title: : INTRAORAL ELECTROMUSCULAR STIMULATION DEVICE  
AND METHOD  
  
Group Art Unit : 3762  
Examiner : Unknown  
Docket No. : 98-15 D1

\* \* \* \* \*

November 2, 2004

**STATUS REQUEST**

Hon. Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

Sir:

Applicant respectfully requests an update as to the status of the above-identified pending application. According to our records, no action on the merits has been issued.

Please promptly direct a response to this request to the undersigned, either by telephone, facsimile, or mail, at your earliest convenience.

Respectfully submitted,

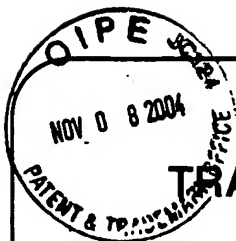
By Michael W. Haas  
Michael W. Haas  
Reg. No.: 35,174  
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RESPIRONICS INC.  
1010 Murry Ridge Lane  
Murrysville, PA 15668-8525

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on November 2, 2004 with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Michael W. Haas  
Michael W. Haas, Reg. No. 35,174



# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

|   |                     |                |
|---|---------------------|----------------|
| Application Number                        | 10/623,328          |                |
|   | Filing Date         | July 18, 2003  |
|   | Confirmation Number | 3272           |
|   | Inventor(s)         | LATTNER et al. |
|   | Group Art Unit      | 3762           |
| Examiner                                  | Unknown             |                |
| Attorney Docket No.                       | 98-15 D1            |                |
| Total Number of Pages in This Submission: | 2                   |                |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br>(submit in duplicate)<br><input type="checkbox"/> Fee Attached \$ <input type="text"/><br>Check No.: <input type="text"/>                 | <input type="checkbox"/> Assignment Papers<br><input type="checkbox"/> Cover Sheet<br><input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)<br><input type="checkbox"/> Request for Return of PTO-1449 Forms<br><input type="checkbox"/> Petition to the Commissioner<br><input type="checkbox"/> To Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Address<br><input type="checkbox"/> Terminal Disclaimer(s)<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and cover sheet<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input checked="" type="checkbox"/> Status Request Letter<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> Response to Missing Parts / Incomplete Application<br><input type="checkbox"/> Response to File Corrected Application Papers |
| <input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / Declaration(s)  |   |  |
| <input type="checkbox"/> Extension of Time Request   |   |  |
| <input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Search report |   |  |
| <input type="checkbox"/> Drawing(s): Number of Pages _____<br>Number of Figs. _____ and cover sheet<br><input type="checkbox"/> Formal<br><input type="checkbox"/> Informal                | <input type="checkbox"/> Other Enclosure(s): _____  |  |

Current Due Date: None

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                        |   |
|------------------------|---|
| Individual and Company | Michael W. Haas, Reg. No. 35,174<br>RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668 |
| Signature              | <i>Michael W. Haas</i>  |
| Date                   | November 2, 2004  |

## CERTIFICATE OF MAILING

|  |                                  |                          |
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| I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service as first class mail in an envelope addressed to:<br>Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450 on this date: <u>November 2, 2004</u> . |                                  |                          |
| Typed Name   | Michael W. Haas, Reg. No. 35,174 |                          |
| Signature  | <i>Michael W. Haas</i>           | Date<br>November 2, 2004 |